

Field	Description	Data Type	Length
CR	County of Responsibility.	Character	2
DOB	Member's date of birth.	Date (MM/DD/CCYY)	10
ENROLL EFF	Effective date of the Waiver enrollment segment being reported.	Date (MM/DD/CCYY)	10
ENROLL END	End date of the Waiver enrollment segment being reported.	Date (MM/DD/CCYY)	10
FIRST NAME	Member's first name.	Character	15
LAST NAME	Member's last name.	Character	20
MAID	Member's Medicaid ID number.	Number	10
SRT	Code value of the Start Reason.	Character	2
STATUS	Status of the Member Waiver Enrollment entry.	Char	1
STP REASON DESC	Stop Reason description.	Character	90
WAIVER AGENCY	Name of the waiver agency.	Character	50
WAIVER AGENCY TOTAL	Total number of Waiver enrollment segments for each Waiver Agency within the Waiver Program.	Number	5
WAIVER PROGRAM	Waiver program acronym.	Character	10
WAIVER PROGRAM MEMBER TOTAL	Total number of members, unduplicated, for each Waiver Program regardless of the Waiver Agency.	Number	6

#### Disenrollment Report for Waiver Agencies (ELG-0085-M)